

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/508866

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2	/						52	/					
3	/						53	/					
4	/						54	/					
5	/						55	/					
6	/						56	/					
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46	/						96						
47	/						97						
48	/						98						
49	/						99						
50	/						100						
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓		TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	↓		↓		↓		TOTAL CLAIMS	↓		↓		↓	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS